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|   |  |   |                                       |                                   |                              |                                       |                | Application or Docket Number |                        |         |                            |                        |
|---|--|---|---------------------------------------|-----------------------------------|------------------------------|---------------------------------------|----------------|------------------------------|------------------------|---------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09880470.     |  |   |                                       |                                   |                              |                                       |                |                              |                        |         |                            |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                                   |                              |                                       | SMALI<br>TYPE  | SMALL ENTITY TYPE            |                        |         | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | 36.                                   |                                   |                              |                                       | RAT            | E                            | FEE                    |         | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                          |                                   | NUMBER EXTRA                 |                                       | BASIC          | FEE                          | 355.00                 | OR      | BASIC FEE                  | · 710.00               |
| TOTAL CHARGEABLE CLAIMS   |  |   | 36 - minus 20=                        |                                   | 16                           |                                       | X\$ 9          | )=                           |                        | OR      | X\$18=                     | 288.5                  |
| INDEPENDENT CLAIMS  |  |   | 6 _ minus 3 =                         |                                   | .3                           |                                       | X40=           |                              |                        | OR      | X80=                       | 2401                   |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                                |                                   |                              |                                       | +135=          |                              |                        | OR      | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                       |                                   |                              |                                       | TOTA           | AL.                          |                        | OR      | TOTAL                      | 123810                 |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                                   |                              |                                       |                |                              |                        |         | OTHER                      |                        |
| _   |  | (Column 1)                                |                                       | (Colu                             |                              | (Column 3)                            | SMA            | LLE                          | NTITY                  | OR      | SMALL                      |                        |
| NTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIĞH<br>NUM<br>PREVI<br>PAID      | BER                          | PRESENT<br>EXTRA                      | RAT            | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | •   | Minus                                 | **                                |                              | =                                     | X\$ 9          | =                            |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | è   | Minus                                 | ***                               |                              | =                                     | X40            | =                            |                        | OR      | X80=                       |                        |
| لا  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP                           | ENDEN                             | T CLAIM                      | ш                                     | +135           | _                            |                        | OR      | +270=                      |                        |
|   |  |   |                                       |                                   |                              |                                       |                | TAL                          |                        |         | TOTAL                      |                        |
|   | ***  | (0-1 4)                                   | يتشني المسترات                        | /Calu                             | O\                           | (Column 2)                            | ADDIT. I       | EE                           |                        | Jon     | ADDIT. FEE                 |                        |
|   |  | (Column 1)<br>CLAIMS                      |                                       | (Colu                             |                              | (Column 3)                            |                |                              | ADDI-                  | 1       |                            | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVIO<br>PAID             |                              | PRESENT<br>EXTRA                      | RAT            | E                            | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
|   | Total  | •   | Minus                                 | **                                |                              | =                                     | X\$ 9          | =                            |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | TATION OF M                               | Minus                                 | Minus ***  LTIPLE DEPENDENT CLAIF |                              |                                       | X40=           |                              |                        | OR      | X80=                       |                        |
| ۳   | FIRST PRESE                                    | NIATION OF M                              | OLITE DEF                             | CNUCIN                            | CLANN                        |                                       | +135           | =                            |                        | OR      | +270=                      |                        |
|   |  |   |                                       |                                   |                              |                                       | TO<br>ADDIT. I | TAL                          |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |                                       |                                   |                              |                                       |                |                              |                        |         | _                          |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVI              | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      | RAT            | E                            | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                 | **                                |                              | =                                     | X\$ 9          | )=                           |                        | OR      | X\$18=                     |                        |
| ME  | Independent                                    | •   | Minus                                 | ***                               |                              | ]=                                    | X40            |                              |                        | OR      | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                   |                              |                                       | J              |                              |                        |         |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                                   |                              |                                       |                |                              |                        | OR      | +270=                      |                        |
| **  | If the "Highest Nu                             | mber Previously F                         | Paid For" IN THIS<br>Paid For" IN THI | S SPACE<br>S SPACE                | is less th                   | an 20, enter "20.<br>an 3, enter "3." | ADDIT. I       | EE                           |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|   | The "Highest Nun                               | nber Previously Pa                        | aid For" (Total or                    | Independ                          | dent) is th                  | e highest numbe                       | er found in th | e ap                         | propriate bo           | x in co | olumn 1.                   |                        |